CLAIMS ONLY

Application Number	Filing Date
10/ 32953	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1							51							
2				•			52							
3							53							
4				•			54							
5				•			55							
6							56							
7				•			57							
8				•			58							
9				•			59							
10				•			60							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep							Total Indep							
Total Depend			3				Total Depend							
Total Claims			14				Total Claims							